



STATE OF ARKANSAS
Arkansas Insurance Department
Senior Health Insurance Information Program
SHIIP

Julie Benafield Bowman
Commissioner

Melissa Simpson
Director

INTERNSHIP APPLICATION

1. All applicants must submit a complete application packet by the appropriate deadline for the internship program and school session. Please include:
 - a. Internship Program Application
 - b. Current Resume
 - c. Cover Letter
 - d. One-Two Letters of Recommendation

2. The application packet may be submitted by U.S. Mail, email or facsimile.
 - a. Applications may be mailed to
**Arkansas Insurance Department
SHIIP
Attn: Chad Stover
1200 W. 3rd Street
Little Rock, Arkansas 72201**

 - b. Applications may be emailed to
Chad.Stover@arkansas.gov

 - c. Applications may be faxed to
SHIIP – Attn: Chad Stover
501-371-2781

Incomplete applications will not be considered. Please review your items thoroughly prior to submission.

Arkansas Insurance Department

SHIIP – Internship Application

****Please type or print, neatly.****

PERSONAL DATA

Full Name: _____

College Address: _____

Is this your mailing address? Yes or No

If not, what is? _____

Phone: (____) _____ - _____

(____) _____ - _____

****Please check which one you prefer to be contacted with****

Resident of Arkansas? ____ Yes ____ No

Date of Birth: _____ - _____ - _____

Email Address: _____

AVAILABILITY

Please indicate the term in which you are interested.

_____ Fall 2007 – September 3 – November 30, 2007 (Deadline August 30, 07)

_____ **Winter Break – December 17, 07 – January 11, 07 (Deadline Nov. 30, 07)**

_____ Spring 2008 – January 28 – April 25, 2008 (Deadline Dec. 10, 07)

_____ Summer 2008 – May 27 – August 8, 2008 (Deadline April 7, 08)

Are you available to work at least 20 in-office hours per week? ____ Yes ____ No

If no, please state how many hours you are available per week. _____

Please indicate your expected availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Arkansas Insurance Department

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EDUCATION INFORMATION

Current College or University: (*Name, City, State*): _____

Expected Graduation Date: _____

Major Field of Study: _____

Minor Field of Study: _____

Class Standing: _____ Freshman _____ Soph. _____ Junior _____ Senior

Grade Point Average: _____

Note: If you would like to receive academic credit for you internship, please send the appropriate materials from your college or university with your complete packet.

BACKGROUND INFORMATION

Have you served as an intern for the Arkansas Insurance Department before? ____ Yes ____ No

If yes, please list previous dates: _____

List ALL previous intern or cooperative education positions that you have held, if applicable:

ESSAY AND NARRATIVE INFORMATION

Please state why you would be a good representative of the Arkansas Insurance Department and the Senior Health Insurance Information Program.

What would you contribute to the Internship Program?

Arkansas Insurance Department

SHIIP – Internship Application

CERTIFICATION

My statement on this form and any attachment are true, complete, and correct to the best of my knowledge and belief. I understand that falsification of any of my answers will lead to the rejection of my application and/or immediate dismissal from the program.

Signature

Date

REFERENCES

Please include three references:

1. Name: _____
Address: _____
Phone: _____ Fax: _____
email: _____

2. Name: _____
Address: _____
Phone: _____ Fax: _____
email: _____

3. Name: _____
Address: _____
Phone: _____ Fax: _____
email: _____

OFFICE USE ONLY BELOW
